

State of Connecticut
GENERAL ASSEMBLY



Medical Assistance Program Oversight Council
Care Management (PCCM/PCMH) Committee

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www.cga.ct.gov/med/

Co-Chairs: Rep. Michelle Cook & Rep. Hilda Santiago

MEETING MINUTES

Wednesday, January 13, 2016

10:00 AM in ROOM 2A OF THE LOB

Attendance is on Record with the Council.

- I.** The meeting was called to order at 10:03 PM by the Chair, Representative Abercrombie. She welcomed members and thanked them for being present.

Introductions were made by those in attendance.

- II.** Erica Garcia announced a few changes to PCMH presentations. Updates would now be given at future meetings by Laura Demeyer and others at CHN. Information on ICM would be provided as was requested at the previous meeting. Laura began the PCMH Presentation (See Attachment).

https://www.cga.ct.gov/med/committees/med1/2016/0113/20160113ATTACH_Care%20Mgmt%20PCMH%20Presentation%20%201.13.2016.pdf

Deb Amato provided a Recruitment Update.

Nancy Sienkowski, Brandon Bough and Margie Roberts of CHNCT provided the “featured presentation” part of the presentation which focused on information committee members requested at the last meeting including the ICM program and Community Health Workers.

Mike Corjulo asked what was being compared in the presentation and if it was members enrolled vs. not enrolled, within a comparable demographic. Ellen Andrews added that there are risk scores that are not currently used. Dr. Zavoski clarified that the comparison

was people before and during ICM. Steven Frayne asked for statistics on who didn't accept ICM care. Dr. Zavoski stated that ICM acceptance is around 33 to 34 percent. There are follow ups and it is suggested to members that the service is there when they need it. Steve stated that there was an initiative underway to inform people about asthma. There was discussion on the initiative and the overall benefit it has.

Dr. Carbonari asked if the asthma data was broken down by types and age group. CHNCT does have that information. Dr. Zavoski added that the information is relative to the coding used.

Mike asked for clarification on the total population reference.

Jesse White-Frese asked about the claims for Well Care Visits. Dr. Zavoski added comments on the information being only from claims data and on enrollment.

Ellen Andrews stated that some of the numbers weren't as she hoped but that the comparisons might not reflect appropriate information because it's an at risk population seeking ICM. Dr. Zavoski added that the team tries to summarize substantial amounts of information and are always looking for improvement.

Sheldon Toubman asked if there was a problem with the data looking at the same group of people and forming a comparison. Dr. Zavoski stated that it could be done. There was discussion on the inability to make a perfect comparison. Dr. Zavoski talked about the lack of the Quality Committee and needing to look at the trends, discuss specific problems and analyze data. More comments and information were provided on ICM. Amy Gagliardi asked about reaching out to pregnant women.

Rep. Abercrombie asked to conclude the presentation and added that Quality Improvement would be talked about during the MAPOC exec. meeting.

Margie went over Community Health Workers. She provided an example of a referral and the help a CHW was able to do to get housing for the family. Rep. Abercrombie commented on how amazing the work was.

Sheldon commented on the great work ICM does and the significantly positive outcome that needs to be shared.

Mike stated he was happy to see that AHAC was involved in the training. He added that he has a lot of resources available and would like to have a more collaborative approach.

Bill Halsey referenced the PCMH Quality measure documents that were distributed. (See Attachments)

https://www.cga.ct.gov/med/committees/med1/2016/0113/20160113ATTACH_2015%20Measure%20Set%20for%20PCMH%20Performance%20Payment%20in%202016_DRAFT%20Watermark.pdf
https://www.cga.ct.gov/med/committees/med1/2016/0113/20160113ATTACH_PCMH%20CY%202016%20Update%20Quality%20Measures%20with%20Proposed%20New%20Measures%20Highlighted.pdf

III. Kate McEvoy discussed all of the work that has been done by the committee on MQISSP. She referenced the concept paper and the need to constantly refresh and update it. She introduced Charles Lassiter and members of his team, Cindy Ward and Maggie Wolfe.

Charles began with the PCMH issue paper and provided context on the document (See Attachment) Participation of Non-DSS PCMH Primary Care Practices in MQISSP Advanced Networks

http://cgalites/med/committees/med1/2016/0113/20160113ATTACH_PCMH%20CY%202016%20Update%20-Quality%20Measures%20with%20Proposed%20New%20Measures%20Highlighted.pdf

Charles went over some of the comments that came up during previous meetings and workgroups.

Sheldon discussed the danger of cherry picking and the two options debated for going forward at workgroups. He shared the concerns of the advocates and needing to make a commitment to NCQA. Charles added comments on the 12 to 18 months that would be allotted for providers to become a PCMH. Several aspects are put into place to try to avoid the shifting of members.

Stephen Frayne clarified what was essentially happening with the panel. Charles discussed what could happen with a smaller pool. Stephen asked what savings would be measured against. Charles explained the trend of the control group that would be compared. Ellen added that it's not just people moving out of PCMH but also those currently not in PCMH that could be expanded. She added the comments on the need to expand PCMH.

Karyl Lee Hall added comments agreeing with Sheldon and Ellen and added the possibility of a fail-safe, that if 12 to 18 was too short it would be extended by the NCQA accreditors. There was discussion on NCQA standards and the time it could take to become accredited. Steve Frayne added comments on incentives.

Kate acknowledged the root concern on the effects on members and the idea of getting everyone recognized as PCMH at a pace that increases participation. She added comments on AMH and the standards those would meet towards a minimum requirement towards shared savings.

Mike Corjulo shared his concern that the organization he works for might not even be able to qualify as an advanced network.

Sheldon discussed Steve's comment on incentives and the issue with cherry picking. He clarified his comments on the glide path and the lack of an end point which he feels comfortable with. He offered a compromise that would allow 30 months to meet accreditation.

Stephen Frayne stated that a lot of Hospitals would most likely not apply for Shared Savings in the way it is set up.

Cindy Ward went over the two other documents.

She started with the DSS Program Oversight Plan (See Attachment)

http://cga.ct.gov/med/committees/med1/2016/0113/20160113ATTACH_MQISSP%20DS%20Oversight%20Plan%20Draft%202016%2001%2013.pdf

Cindy discussed what was within the Proposed Communication Plan Materials Development Phase document (See Attachment).

https://www.cga.ct.gov/med/committees/med1/2016/0113/20160113ATTACH_MQISSP%20Communication%20Plan%20Material%20Development%20Draft%202016%2001%2013.pdf

Ellen added a couple of other comments that were made on the document at the workgroup.

Mike gave a story relevant of cherry-picking and other issues around practices not taking new patients. Rep. Abercrombie added that the group always has to be conscious of what's going on. Kate stated one of the issues they have regarding e-consult visits. Dr. Zavoski added comments on e-consult and its possible benefits.

IV. Rep. Abercrombie thanked everyone and stated that the next meeting would be on February 10th, 2016.

The meeting was adjourned at 12:10 PM.

Richard Eighme
Council Clerk